York Youth Football & Cheerleading

PO Box 411, York, Maine 03909 | www.yorkyouthfootball.com

Medical Health & Release Form

This form must be completed before your child can participate in any of the athletic programs that are offered by YORK YOUTH FOOTBALL & CHEERLEADING program. Receipt of this form indicates the parent or guardian's approval of the named child's participation. Please complete this form and have your family physician sign it before returning it. **Your child <u>WILL NOT</u> be allowed to participate in any activities until this form is completed and signed by you, signed by a doctor and returned to YYF.**

CHILDS FULL NAME: _____ **AGE** _____ **DOB** _____

Is your child currently under the care of a physician for a chronic illness? ❒ YES ❒ NO
Explain: _____

Is your child currently taking any medications? ❒ YES ❒ NO
Explain: _____

Has your child ever experienced chest pain, felt dizzy or passed out during exercise or physical activity? ❒ YES ❒ NO Explain: _____

Has your child ever had any bone or joint injuries (fractures, sprains/strains)?
❒ YES ❒ NO Explain: _____

Has your child ever been knocked out? ❒ YES ❒ NO DATE(S): _____
Explain: _____

Does your child have any allergies or asthma? ❒ YES ❒ NO
Explain: _____

Has anyone in your family died suddenly due to health related reasons at a young age?
❒ YES ❒ NO Explain: _____

_____ **has been examined in my office on** _____
(PARTICIPANTS NAME) (DATE OF EXAM)

and may participate in the York Youth Football & Cheerleading program

❒ WITH / ❒ WITH OUT limitations. Any limitations will be noted below.

Limitations (if applicable) _____

Doctor _____ Phone _____

Signed _____ Date _____
PHYSICIAN SIGNATURE

BY SIGNING BELOW, I/WE GRANT YORK YOUTH FOOTBALL PERMISSION TO HAVE MY CHILD, _____, TO BE TREATED FOR ANY MEDICAL CONDITIONS THAT MAY ARISE DURING PRACTICE OR GAMES. I/WE ALSO GIVE PERMISSION FOR ANY OF ITS COACHES OR VOLUNTEERS TO TRANSPORT MY CHILD TO RECEIVE APPROPRIATE MEDICAL CARE SHOULD THE NEED ARISE.

_____ _____ _____
FATHER'S SIGNATURE DATE PRINTED NAME

_____ _____ _____
MOTHER'S SIGNATURE DATE PRINTED NAME